

EXHIBIT D

Device System Transactions: Pharmacy

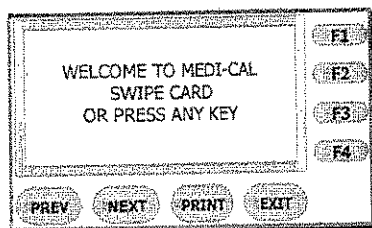
This section details the procedures for submitting pharmacy claims, pharmacy claim reversals and drug price inquiries using the Point of Service (POS) device. These transactions comprise the pharmacy suite of POS device transactions.

If you have questions regarding the operation of the POS device, please call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for POS/Internet inquiries.

Beginning a Transaction

Use the following two steps to begin any transaction that is part of the pharmacy suite. This includes pharmacy claims, pharmacy claim reversals and drug price inquiries. Next, refer to the instructions for the specific pharmacy transaction you wish to perform. Instructions for specific pharmacy transactions begin on the following pages:

- Pharmacy Claims: Page 2
- Pharmacy Claim Reversals: Page 18
- Drug Price Inquiries: Page 21

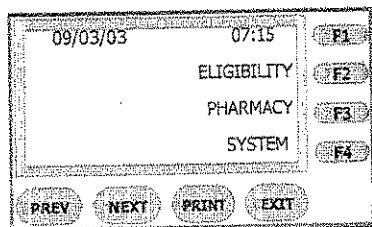


1. The first screen on the POS device is the Welcome screen. You can either swipe a Benefits Identification Card (BIC) through the card reader or press any key to get started.

If you swipe a BIC, the recipient information coded on the magnetic stripe automatically displays in certain screens as you advance through the transaction. To accept the information, press <ENTER> when you reach the screen.

If you do not swipe a BIC, you must type the requested information in each screen and press <ENTER>.

Note: You need to obtain the issue date from the BIC to successfully enter a pharmacy transaction.



2. After swiping a BIC or pressing any key, the Main Menu screen displays. Press the Function (F) key corresponding to PHARMACY. In this example, press F3. If the PHARMACY option is not displayed and you see the (♦) character on the screen, press <NEXT> until the PHARMACY option displays, then press the corresponding F-key.

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Submitting a Pharmacy Claim

This section contains instructions for submitting pharmacy claims using the POS device. A 10-cent fee will be deducted from the reimbursed amount of each approved pharmacy claim submitted using the POS device. Only Pharmacy providers can submit and be reimbursed for claims using a POS device.

Note: Remarks and/or documentation cannot be included with claims submitted using the POS device. Claims that require remarks/documentation must be billed on a hard copy *Pharmacy Claim Form* (30-1) or as a Computer Media Claim (CMC).

1. Pharmacy Menu

After performing the steps of "Beginning a Transaction" (refer to page 1), the Pharmacy menu displays. Press the F-key corresponding to DRUG CLAIM. In this example, press F2.

2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

3. Provider Number

If you entered a shortcut key in the previous step, this screen will automatically display your provider number; press <ENTER> to accept the displayed value. Otherwise, type your provider number and press <ENTER>.

4. Submitter ID

The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

DRUG CLAIM

RECIPIENT ID:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

5. Recipient ID Number

The POS device will prompt you to enter the recipient ID number. If you swiped a BIC to begin the transaction, this screen will automatically display the recipient ID; press <ENTER> to accept the displayed value. Otherwise, type the recipient ID and press <ENTER>.

DRUG CLAIM

MALE (M)
FEMALE (F)

GENDER:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

6. Recipient Gender

The POS device will prompt you to enter the recipient's gender. If you swiped a BIC to begin the transaction, this screen will automatically display the gender; press <ENTER> to accept the displayed value. Otherwise, type the recipient's gender and press <ENTER>.

DRUG CLAIM

DATE OF BIRTH:

CCYY-MM-DD

PREV NEXT PRINT EXIT

F1 F2 F3 F4

7. Date of Birth

The POS device will prompt you to enter the recipient's date of birth. If you swiped a BIC to begin the transaction, this screen will automatically display the date of birth; press <ENTER> to accept the displayed value. Otherwise, type the recipient's date of birth in the format CCYYMMDD and press <ENTER>. For example, if the recipient's date of birth is September 29, 1970, type "19700929".

Note: If you are billing for services to a newborn infant using the mother's ID number, you must type the mother's date of birth at this prompt, not the infant's.

DRUG CLAIM

DATE OF ISSUE:

YY-MM-DD

PREV NEXT PRINT EXIT

F1 F2 F3 F4

8. Date of Issue

The POS device will prompt you to enter the date of issue shown on the BIC. If you swiped a BIC to begin the transaction, this screen will automatically display the date of issue; press <ENTER> to accept the displayed value. Otherwise, type the date of issue in the format YYMMDD and press <ENTER>. For example, if the date of issue is August 26, 1998, type "980826".

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DRUG CLAIM

INTER-CARE	(2)	F1
SKILLED CARE	(7)	F2
SUBACUTE CARE	(8)	F3
		F4

PREV NEXT PRINT EXIT

9. Place of Service

The POS device will prompt you to enter the Place of Service code. If the recipient is in a facility, type the appropriate Place of Service code and press <ENTER>. Otherwise, press <ENTER> to bypass this screen.

DRUG CLAIM

DATE OF SERVICE:
CCYY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

10. Date of Service

The POS device will prompt you to enter the date of service. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the date of service is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the date of service is June 23, 2003, type "20030623".

DRUG CLAIM

TRANSACTION COUNT:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

11. Transaction Count

The POS device will prompt you for the transaction count (the number of Pharmacy claim lines you will be sending in this transaction). Type the transaction count and press <ENTER>.

Note: You can submit up to four claims lines per transaction.

DRUG CLAIM

CLAIM LINE 01

F1 F2 F3 F4

PREV NEXT PRINT EXIT

12. Claim Line Number

Data entry for each transaction begins with a screen identifying the claim line number. Press <ENTER> to begin entering claim detail information for the claim line. The claim line number will display at the top of each subsequent screen pertaining to the claim line.

DRUG CLAIM - 01

PRESCRIPTION NUMBER:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

13. Prescription Number

The POS device will prompt you to enter the prescription number. Type the prescription number and press <ENTER>.

Note: You cannot have identical prescription numbers for the same date of service. If you do have identical numbers, Pharmacy claim reversals may not work. It is recommended that you modify your system if it generates identical prescription numbers for the same date of service.

DRUG CLAIM - 01

NDC/UPC:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

14. NDC/UPC

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

DRUG CLAIM - 01

QUANTITY: 0000000.000

PREV NEXT PRINT EXIT

F1 F2 F3 F4

15. Quantity

The POS device will prompt you to enter the quantity. Type the quantity and press <ENTER>. The correct measurement unit is listed beside each item in the *Drugs: Contract Drugs List* sections of the *Pharmacy* manual. You must use this measurement unit.

Note: You must enter the quantity in metric decimal quantities. The screen adds a decimal point in the correct position. For example:

- If the quantity is 22.51, type "22510". The screen will display "22.510".
- If the quantity is 10, type "10000". The screen will display "10.000".

DRUG CLAIM - 01

DAYS SUPPLY:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

16. Days Supply

The POS device will prompt you to enter the days supply. Type the estimated days supply of the drug and press <ENTER>.

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DRUG CLAIM - 01

CHARGE: \$ 0.00

PREV NEXT PRINT EXIT

F1 F2 F3 F4

17. Charge

The POS device will prompt you to type the charge. Type your usual and customary charge for the drug in dollars and cents (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the charge is \$25, type "2500". The screen will display "\$25.00". If you only type "25," you are entering 25¢, not \$25. You may enter up to \$999,999.99.

DRUG CLAIM - 01

PATIENT SOC AMOUNT: \$ 0.00

PREV NEXT PRINT EXIT

F1 F2 F3 F4

18. Patient's SOC Amount

The POS device will prompt you to enter the patient's (recipient's) Share of Cost (SOC) amount. If the recipient does not have a Share of Cost, press <ENTER> to bypass this screen. Otherwise, type the amount that the recipient has paid toward the Share of Cost liability in dollars and cents (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the SOC is \$25, type "2500". The screen will display "\$25.00". If you only type "25," you are entering 25¢, not \$25. You may enter up to \$999,999.99.

If you skip this screen but the recipient has a Share of Cost, your claim will be denied and you must perform an Eligibility Verification transaction to determine the Share of Cost amount.

DRUG CLAIM - 01

NON-SPEC (00)

OTHER (09)

BASIS OF COST:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

19. Basis of Cost

The POS device will prompt you for the basis of cost. If the basis of cost is Disproportionate Share/Public Health Service, type "09" (which indicates "Other"). Otherwise, type "00" (which indicates "Not specified").

DRUG CLAIM - 01

CODE 1 RESTRICT MET: N

PREV NEXT PRINT EXIT

F1 F2 F3 F4

20. Code 1 Restriction Met

This screen is used to indicate whether the Code 1 restriction has been met and displays "N" (No) by default. If the drug does not have a Code 1 restriction, press <ENTER> to accept the default value. If the Code 1 restriction has been met, type "Y" and press <ENTER>.

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21. Other Coverage Code

The POS device will prompt you to enter the appropriate other coverage code and press <ENTER>.

If you type "2" (PAYMENT COLLECTED), proceed with step 22. If you type something other than "2," proceed with step 23.

Note: If you type "2" you must enter a dollar amount in the OTHER PAYER AMOUNT screen in step 22.

22. Other Payer Amount

This screen only displays if you typed an other coverage code of "2" in step 21. If this screen displays, type the Other Health Coverage (OHC) amount paid (up to \$999,999.99) and press <ENTER>.

Note: You must enter a valid dollar amount. If you enter zero dollars in this screen, the claim will be denied.

23. Prior Authorization Type

The POS device will prompt you to enter the prior authorization type. Type the appropriate authorization type and press <ENTER>. If there is no prior authorization type, press <ENTER> to bypass this screen.

24. TAR Control Number

This screen only displays if you typed a prior authorization type of "1" in step 23. If this screen displays, type the Treatment Authorization Request (TAR) Control number, known as a TCN. Type the entire 11-digit TCN and press <ENTER>. If no prior authorization type was entered in step 23, the device automatically bypasses this screen.

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DRUG CLAIM - 01

PREScriber LICENSE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

25. Prescriber License

The POS device will prompt you to enter the prescriber's State license number. Type the prescriber's State license number and press <ENTER>.

Note: Do not enter the prescriber's DEA number.

DRUG CLAIM - 01

DUR CONFLICT CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

26. DUR Conflict Code

The POS device will prompt you to enter a Drug Use Review (DUR) conflict code. If one of the DUR problems listed below was identified and resolved during the filling of the prescription, type the applicable DUR conflict code and press <ENTER>. Otherwise, press <ENTER> to bypass this screen.

DUR Conflict Codes:

LD	Low Dose	SX	Drug-gender
HD	High Dose	DA	Drug-allergy
LR	Underutilization	PG	Drug-pregnancy
PA	Drug-age		

Note: Only the above codes can be submitted with the initial transaction.

If you bypass this screen but the Medi-Cal host computer detects one or more DUR conflicts, the host will respond with one or more of the following code(s):

LD	Low Dose	MX	Incorrect Duration
HD	High Dose	DA	Drug-allergy
LR	Underutilization	PG	Drug-pregnancy
PA	Drug-age	DD	Drug-drug Interaction
SX	Drug-gender	TD	Therapeutic Duplication
ID	Ingredient Duplication	MC	Drug (Actual)-disease
ER	Over utilization	DC	Drug (Inferred)-disease
AT	Additive Toxicity		

27. DUR Intervention Code

This screen only displays if you typed a DUR conflict code in step 26. The POS device will prompt you to enter a DUR intervention code. If a DUR problem was identified and resolved during the filling of the prescription, type one of the following DUR intervention codes and press <ENTER>:

M0 Prescriber consulted
 P0 Patient consulted
 R0 Pharmacist consulted other source

(For the above codes, 0 = zero.)

Note: This screen cannot be bypassed. You must enter an intervention code or the claim will be denied.

If you are responding to one or more DUR alerts from a previous claim submission, choose one alert at a time and respond to it.

28. DUR Outcome Code

This screen only displays if you typed a DUR conflict code in step 26. The POS device will prompt you to enter a DUR outcome code. If a DUR problem was identified and resolved during the filling of the prescription, type one of the following DUR outcome codes and press <ENTER>:

1A Filled, false positive
 1B Filled prescription as is
 1C Filled with different dose
 1D Filled with different directions
 1E Filled with different drug
 1F Filled with different quantity
 1G Filled with prescriber approval

 2A Prescription not filled
 2B Prescription not filled – directions clarified

Note: This screen cannot be bypassed. You must enter an outcome code or the claim will be denied.

If you are responding to one or more DUR alerts from a previous claim submission, type the applicable DUR outcome code for the alert to which you are responding and press <ENTER>.

Refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy manual* or the Medi-Cal Web site (www.medi-cal.ca.gov) for additional information about DUR.

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29. Diagnosis Code Count

Type the number of diagnosis codes for this claim line and press <ENTER>, or press <ENTER> to bypass this screen.

Because you can enter up to two diagnosis codes per claim line (a primary diagnosis code and a secondary diagnosis code), this screen accepts a "1" or "2."

30. Primary Diagnosis Code

Type the primary diagnosis code and press < ENTER>.

Note: The following rules apply to diagnosis code entries:

- They must contain four to six characters and include a decimal point (which is counted as a character).
- The decimal point must be entered by the user; one is not automatically inserted by the POS device.
- If the diagnosis code contains only numeric characters, the decimal point must be the fourth character entered. For example, "123.4" is a correct entry; "12.34" is not.
- If the diagnosis code begins with an alpha character, the decimal point must be the fifth character entered. For example, "E123.4" is a correct entry; "E12.34" is not.
- If an alpha character is entered in any position other than the first position, the claim will be denied. For example, "12E3.4" is an incorrect entry and will result in a denied claim.

31. Secondary Diagnosis Code

This screen only displays if you typed "2" in the DIAGNOSIS CODE COUNT screen in step 29.

If this screen displays, type the secondary diagnosis code and press <ENTER>.

Note: Refer to step 30 for the rules that apply to diagnosis code entries.

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32. Claim Line Number

This screen only displays if you typed something other than "1" in the TRANSACTION COUNT screen in step 11.

If you indicated multiple claim lines in step 11 (you may submit up to four claim lines per transaction), the POS device progresses through the same series of screens as it did for Claim Line 01. You must repeat steps 13 – 31 for each claim line.

33. Send/Re-Edit Screen

After you have completed steps 11 – 31 for all claim lines, the device displays the Send/Re-Edit screen.

The SEND option allows you to submit the transaction. The RE-EDIT option allows you to change your transaction data. For more information on the SOC or MS options, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

To submit the Pharmacy claim, press F1 (SEND). To change any of your entries, press F2 (RE-EDIT), then refer to step 34.

34. If you pressed F2 (RE-EDIT) in step 33, the screen lists the claim line numbers next to corresponding Function (F) keys. In this example, the transaction contains two claim lines.

To change an entry pertaining to a claim line, press the F-key corresponding to the claim line. The device will display the header screen for the selected claim line. Scroll through the screen pertaining to the claim line by pressing <NEXT> or <PREV> until you reach the entry you wish to change.

To change an entire entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry.

To change single characters in an entry, press <BACKSPACE> on the keyboard or keypad to delete the entry one character at a time until you delete the incorrect character. Re-type the entry from that character forward.

When all edits have been verified and are correct, repeatedly press <NEXT> or <ENTER> until the Send/Re-Edit screen again displays, then press F1 (SEND) to submit the pharmacy claim.

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DRUG CLAIM

DIAL PRIMARY...

F1 F2 F3 F4

PREV NEXT PRINT EXIT

After you submit the claim by pressing F1, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

DRUG CLAIM

RECEIVING...

F1 F2 F3 F4

PREV NEXT PRINT EXIT

Response Received

DRUG CLAIM

RESPONSE RECEIVED
PRESS PRINT KEY TO
GENERATE RECEIPT
OR ANY KEY TO
CONTINUE

F1 F2 F3 F4

PREV NEXT PRINT EXIT

Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.

LINE 1 PAID \$ 0.00 [F2]

LINE 2 REJECT [F4]

REJECT CODE:

DENIAL CODE:

INVALID HOST RESPONSE

F1 F2 F3 F4

PREV NEXT PRINT EXIT

After you press any key, the device displays the response to your claim.

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More Than One Line Billed

LINE 1 PAID	F1
\$ 0.00 [F2]	F2
LINE 2 REJECT [F4]	F3
REJECT CODE: 05	F4
DENIAL CODE: 0660	
SUBMITTER INACTIVE	
PREV NEXT PRINT EXIT	

If you billed more than one claim line, the response will address each claim line and will extend over multiple screens. Press <NEXT> or <ENTER> to scroll down the screen to view each response. Press <PREV> to scroll up.

The response references a specific Function (F) key for each claim line. Press the indicated F-key to review the information for that particular claim line. In this example, you would press F2 to view the information for claim line 1 and F4 to view the information for claim line 2.

Note: It is possible for one claim line to be reimbursed, one to be denied and one to generate a DUR alert, or any combination of the three.

Paid Claim

DRUG CLAIM	F1
	F2
	F3
CLAIM LINE 01	F4
PAID \$ 50.00	
PREV NEXT PRINT EXIT	

If the claim is reimbursed, the screen will indicate the reimbursed amount.

Note: The actual reimbursed amount will vary depending on the drug and amount billed.

Denied Claim

LINE 1 REJECT:	F1
REJECT CODE: 05	F2
DENIAL CODE: 0660	F3
SUBMITTER INACTIVE	F4
PREV NEXT PRINT EXIT	

If the claim is denied, the screen will display denial information.

To locate the denial reason(s), press <NEXT> or <ENTER> to scroll through the screens.

One or more screens may contain two-character National Council for Prescription Drug Programs (NCPDP) reject codes. This indicates that your claim denied for a reason associated with the entry in that screen(s).

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14**NCPDP Reject Codes**

To determine the reason for a denied claim line, look up the two-digit NCPDP reject code in the *Reject Codes for the Medi-Cal-Supplied POS Device and Real Time Internet Pharmacy (RTIP)* section of the *Pharmacy manual*.

More Than One Line Billed

If you billed more than one claim line, continue to scroll through the screens (by pressing <NEXT> or <ENTER>) until you have reviewed all entries for all claim lines.

Note: It is possible for one claim line to be reimbursed, one to be denied and one to generate a DUR alert, or any combination of the three.

Correcting Errors

After reviewing your entries, if you determine that the claim was denied due to an entry error, press <EXIT> to return to the Send/Re-Edit screen, then press F2 (RE-EDIT). Press <NEXT> or <ENTER> to scroll through the screens until you reach the screen that contains the error. Correct the error, then press <NEXT> or <ENTER> to return to the Send/Re-Edit screen. Finally, press F1 to re-submit the claim.

If the denied claim was not the result of an entry error (for example, the recipient has Other Health Coverage or has not yet cleared a Share of Cost liability), take the appropriate action before attempting to re-submit the claim. For example, you may need to first submit the claim to an Other Health Coverage carrier.

DUR Alert

If the claim line(s) generates a DUR alert, you will encounter the following screens as you scroll through your entries.

This screen indicates that DUR input is now necessary. One or more of the examples on the next page will display for input.

The screenshot shows a terminal window with the following content:

```

DRUG CLAIM
DUR CONFLICT CODE: (I)
  
```

On the right side of the screen are four vertically stacked function keys: F1, F2, F3, and F4. At the bottom of the screen are four horizontally arranged function keys: PREV, NEXT, PRINT, and EXIT.

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Press <NEXT> or <ENTER> to view each DUR information screen.
Examples of DUR information screens that you may encounter are as follows:

DRUG CLAIM 01 REJECT DUR INFORMATION:	F1
	F2
DUR CONFLICT CODE: XX	F3
	F4
PREV NEXT PRINT EXIT	

DRUG CLAIM 01 REJECT DUR INFORMATION:	F1
	F2
SEVERITY INDEX CODE: X	F3
	F4
PREV NEXT PRINT EXIT	

DRUG CLAIM 01 REJECT DUR INFORMATION:	F1
	F2
OTHER PHARMACY IND: X	F3
	F4
PREV NEXT PRINT EXIT	

DRUG CLAIM 01 REJECT DUR INFORMATION:	F1
DATABASE INDICATOR: X	F2
OTHER PRESCRIBER IND X	F3
	F4
PREV NEXT PRINT EXIT	

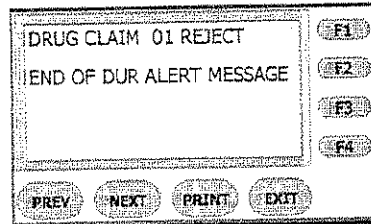
DRUG CLAIM 01 REJECT DUR INFORMATION:	F1
PREVIOUS FILL DATE:	F2
XXXX-XX-XX	F3
PREVIOUS FILL AMOUNT:	F4
0.00	
PREV NEXT PRINT EXIT	

DRUG CLAIM 01 REJECT	F1
ADDITIONAL MESSAGE TEXT:	F2
MAX DOSE = XXXX.XX	F3
ML/DAY	F4
PREV NEXT PRINT EXIT	

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Examples of DUR information screens (continued):



More Than Nine DUR Alerts

The POS device displays up to nine DUR alerts per claim line and will inform you if more than nine alerts have been generated. If this occurs, call the TSC at 1-800-541-5555 to inquire about the additional alerts.

DUR Codes and Messages

The following codes and messages apply to DUR alerts:

<u>Severity Index Code</u>		<u>Other Pharmacy Indicator</u>	
0	N/A	0	N/A
1	Major Significance	1	Same Pharmacy
<u>Previous Fill Date</u>		<u>Database Indicator</u>	
00000000	N/A	1	First DataBank
CCYYMMDD Previous Fill Date		<u>Other Prescriber Indicator</u>	
0	N/A		
1	Same Prescriber		
2	Other Prescriber		

Note: If you are unsure of the meaning of a message, refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or call the TSC at 1-800-541-5555.

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Responding to DUR Alerts

After reviewing all DUR alerts, press <ENTER> to display the Send/Re-Edit screen, then press F2 (RE-EDIT). Press <NEXT> or <ENTER> to scroll through the claim. Type the applicable DUR conflict, intervention and outcome codes in the appropriate screens.

DUR Conflict Codes and Messages

When you reach the DUR CONFLICT CODE screen, type the applicable DUR conflict code for the alert you are responding to, then press <ENTER>. DUR conflict codes are as follows:

LD Low Dose	HD High Dose
MX Incorrect Duration	DA Drug/Allergy
LR Under-Utilization	PG Drug/Pregnancy DUR Alerts
PA Drug/Age	DD Drug-Drug Interaction
SX Drug/Gender	TD Therapeutic Duplication
ID Ingredient Duplication	MC Drug (Actual)-Disease
ER Over-Utilization	AT Additive Toxicity
DC Drug (Inferred)-Disease	

DUR Intervention Codes and Messages

When you reach the DUR INTERVENTION screen, type the applicable DUR intervention code for the alert you are responding to, then press <ENTER>. DUR intervention codes are as follows:

M0 Prescriber consulted
 P0 Patient consulted
 R0 Pharmacist consulted other source

(For the above codes, 0 = zero.)

DUR Outcome Codes and Messages

When you reach the DUR OUTCOME CODE screen, type the applicable DUR outcome code and press <ENTER>. DUR outcome codes are as follows:

1A Filled, false positive
 1B Filled prescription as is
 1C Filled with different dose
 1D Filled with different directions
 1E Filled with different drug
 1F Filled with different quantity
 1G Filled with prescriber approval

 2A Prescription not filled
 2B Prescription not filled – directions clarified

Refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy manual* or the Medi-Cal Web site (www.medi-cal.ca.gov) for additional information about DUR.

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Pharmacy Claim Reversal

If you wish to reverse a pharmacy claim that has been submitted and reimbursed, you can submit a claim reversal using your POS device.

1. Pharmacy Menu

After performing the steps of "Beginning a Transaction" (refer to page 1), the Pharmacy menu displays. Press the Function (F) key corresponding to CLAIM REVERSAL.

2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

3. Provider Number

If you entered a shortcut key in the previous step, this screen will automatically display your provider number; press <ENTER> to accept the displayed value. Otherwise, type your provider number and press <ENTER>.

4. Submitter ID

The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

CLAIM REVERSAL

DATE OF SERVICE:
CCYY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

5. Date of Service

The POS device will prompt you to enter the date of service. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the date of service is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the date of service is June 23, 2003, type "20030623".

CLAIM REVERSAL

PRESCRIPTION NUMBER:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

6. Prescription Number

The POS device will prompt you to enter your prescription number. Type the prescription number of the claim you wish to reverse and press <ENTER>.

CLAIM REVERSAL

NDC/UPC:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

7. NDC/UPC Number

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

CLAIM REVERSAL

SEND
RE-EDIT
SOC
MS

F1 F2 F3 F4

PREV NEXT PRINT EXIT

8. Send/Re-Edit Screen

After entering the NDC/UPC number, the Send/Re-Edit screen displays. Press F1 (SEND) to submit the pharmacy reversal transaction.

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CLAIM REVERSAL

DIAL PRIMARY...

PREVIOUS NEXT PRINT EXIT

F1 F2 F3 F4

After you press F1, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

CLAIM REVERSAL

RECEIVING...

PREVIOUS NEXT PRINT EXIT

F1 F2 F3 F4

Response Received

CLAIM REVERSAL

RESPONSE RECEIVED
PRESS PRINT KEY TO
GENERATE RECEIPT
OR ANY KEY TO
CONTINUE

PREVIOUS NEXT PRINT EXIT

F1 F2 F3 F4

Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.

CLAIM REVERSED

PREVIOUS NEXT PRINT EXIT

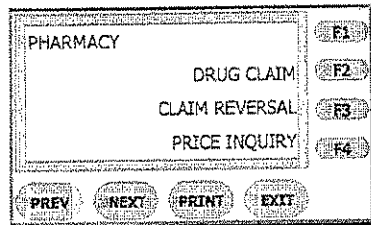
F1 F2 F3 F4

After you press any key, the device displays the response to your Pharmacy reversal transaction.

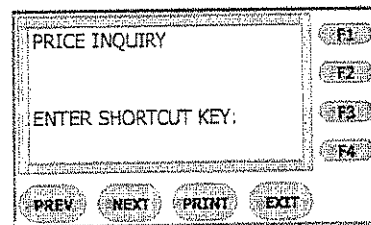
Note: If you are unsure of the meaning of a POS message, call the TSC at 1-800-541-5555.

Drug Price Inquiry

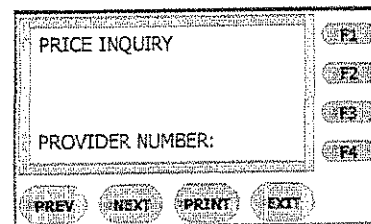
In addition to pharmacy claim and claim reversal transactions, you can perform drug price inquiries using your POS device.

**1. Pharmacy Menu**

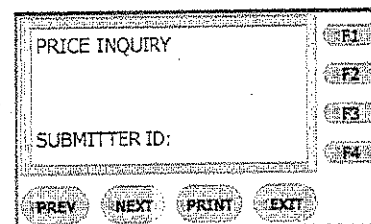
After performing the steps of "Beginning a Transaction" (refer to page 1), the Pharmacy menu displays. Press the Function (F) key corresponding to PRICE INQUIRY.

**2. Shortcut Key**

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. Otherwise, press <ENTER> to bypass this screen. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

**3. Provider Number**

If you entered a shortcut key in the previous step, this screen will automatically display your provider number; press <ENTER> to accept the displayed value. Otherwise, type your provider number and press <ENTER>.

**4. Submitter ID**

The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

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PRICE INQUIRY

RECIPIENT ID:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

5. Recipient ID Number

The POS device will prompt you to enter the recipient ID number. If you swiped a BIC to begin the transaction, this screen will automatically display the recipient ID; press <ENTER> to accept the displayed value. Otherwise, type the recipient ID and press <ENTER>.

Note: For drug price inquiries, a Client Index Number (CIN), MEDS ID number, Social Security Number (SSN) or nine-digit "dummy" number are acceptable recipient IDs.

PRICE INQUIRY

DATE OF ISSUE: YY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

6. Date of Issue

The POS device will prompt you to enter the date of issue shown on the BIC. If you swiped a BIC to begin the transaction, this screen will automatically display the date of issue; press <ENTER> to accept the displayed value. Otherwise, type the date of issue in the format YYMMDD and press <ENTER>. For example, if the date of issue is August 26, 1998, type "980826".

Note: Any date is acceptable as long as it is in the correct format.

PRICE INQUIRY

DATE OF SERVICE: CCYY-MM-DD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

7. Date of Service

The POS device will prompt you to enter the date of service. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the date of service is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the date of service is June 23, 2003, type "20030623".

PRICE INQUIRY

TRANSACTION COUNT:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

8. Transaction Count

The device will prompt you for the transaction count (the number of price inquiries you will be sending in this transaction). Type the transaction count and press <ENTER>.

Note: You can submit up to four price inquiries per transaction.

PRICE INQUIRY - 01

CLAIM LINE 01

F1 F2 F3 F4

PREV NEXT PRINT EXIT

9. Claim Line Number

Data entry for each transaction begins with a screen identifying the claim line number. Press <ENTER> to begin entering claim detail information for the claim line. The claim line number will display at the top of each subsequent screen pertaining to the claim line.

PRICE INQUIRY - 01

PRESCRIPTION NUMBER:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

10. Prescription Number

The POS device will prompt you to enter the prescription number. Type the prescription number and press <ENTER>.

Note: You cannot have identical prescription numbers for the same date of service. If you do have identical numbers, drug price inquiries may not work. It is recommended that you modify your system if it generates identical prescription numbers for the same date of service.

PRICE INQUIRY - 01

NDC/UPC:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

11. NDC/UPC

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

PRICE INQUIRY - 01

QUANTITY:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

12. Quantity

The POS device will prompt you to enter the quantity. Type the quantity and press <ENTER>. The correct measurement unit is listed beside each item in the *Drugs: Contract Drugs List* sections of the *Pharmacy* manual. You must use this measurement unit.

Note: You must enter the quantity in metric decimal quantities. The screen adds a decimal point in the correct position. For example:

- If the quantity is 22.51, type "22510". The screen will display "22.510".
- If the quantity is 10, type "10000". The screen will display "10.000".

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13. Charge

The POS device will prompt you to enter the charge. Type your usual and customary charge for the drug in dollars and cents (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the charge is \$25, type "2500". The screen will display "\$25.00". If you only type "25," you are entering 25¢, not \$25. You may enter up to \$999,999.99.

14. Prior Authorization Type

The POS device will prompt you to enter the prior authorization type. Type the appropriate authorization type and press <ENTER>. If there is no prior authorization type, enter "0" or press <ENTER> to bypass this screen.

15. TAR Control Number

This screen only displays if you typed a prior authorization type of "1" in step 14. If this screen displays, type the Treatment Authorization Request (TAR) Control number, known as a TCN. Type the entire 11-digit TCN and press <ENTER>. If no prior authorization type was entered in step 14, the device automatically bypasses this screen.

16. Claim Line Number

This screen only displays if you typed something other than "1" in the TRANSACTION COUNT screen in step 8.

If you indicated multiple price inquiries in step 8 (you may submit up to four price inquiries per transaction), the POS device progresses through the same series of screens as it did for Price Inquiry 01. You must repeat steps 10 – 15 for each claim line.

17. Send/Re-Edit Screen

After completing step 16, the Send/Re-Edit screen displays. Press F1 (SEND) to submit the drug price inquiry transaction.

After you press F1, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

Response Received

Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.